

SPRINGDALE POLICE DEPARTMENT

POLICE / CITIZEN COMPLAINT FORM

SUBJECT OF INVESTIGATION: _____
LAST NAME FIRST INITIAL

<u>COMPLAINANT'S NAME</u>		<u>HOME ADDRESS:</u>		<u>HOME PHONE NO.#</u>
_____ LAST	_____ FIRST	_____ NUMBER	_____ STREET	_____
		_____ CITY, STATE	_____ ZIP	_____ WORK TELEPHONE #

WITNESSES OR OTHER COMPLAINANTS:

_____ LAST	_____ FIRST	_____ NUMBER	_____ STREET	_____ TELEPHONE # (H)
_____ LAST	_____ FIRST	_____ NUMBER	_____ STREET	_____ TELEPHONE # (H)
_____ LAST	_____ FIRST	_____ NUMBER	_____ STREET	_____ TELEPHONE # (H)

(IF ADDITIONAL SPACE FOR WITNESSES IS NEEDED, ATTACH SEPARATE SHEET)

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DETAILS OF THE COMPLAINT (PLEASE BE SPECIFIC):

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I, _____, DO HEREBY AFFIRM THAT THE FOREGOING INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE, MISLEADING OR UNTRUE STATEMENTS, ACCUSATIONS OR ALLEGATIONS, HEREIN MADE BY ME, EITHER ORALLY OR IN WRITING, TO ANY PERSON(S) INVESTIGATING THIS COMPLAINT, MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PROSECUTION.

I REALIZE THAT IT MAY BECOME NECESSARY, DURING THE INVESTIGATION OF THIS COMPLAINT, FOR ME TO MEET WITH A MEMBER(S) OF THE SPRINGDALE POLICE DEPARTMENT TO DISCUSS THIS COMPLAINT EITHER IN THE PRESENCE OR ABSENCE OF THE ACCUSED DEPARTMENT MEMBER(S) AT THE DISCRETION OF THE DEPARTMENT. I HEREBY ACCEPT THE PREMISE THAT IF ACTION IS INITIATED THROUGH A COURT OR ADMINISTRATIVE HEARING, AS A RESULT OF MY COMPLAINT, MY TESTIMONY BEFORE THESE HEARINGS MAY BE REQUIRED. I HEREBY AGREE TO MAKE MYSELF AVAILABLE TO THE AFOREMENTIONED COURT OR ADMINISTRATIVE HEARING WHEN REQUESTED TO DO SO.

X _____ DATE / TIME
COMPLAINANT'S SIGNATURE

SWORN TO BEFORE ME, THIS _____ DAY OF _____.

SEAL _____ NOTARY PUBLIC

(PLEASE CUT ALONG PERFORATED LINE)

COMPLAINT RECEIPT

THE SPRINGDALE POLICE DEPARTMENT ACKNOWLEDGES THE RECEIPT OF A COMPLAINT FILED AGAINST ONE OF ITS MEMBER(S) ON (DATE) _____ BY (COMPLAINANT) _____ (ADDRESS) _____.

YOUR COMPLAINT WILL BE BROUGHT TO THE ATTENTION OF THE CHIEF OF POLICE AND HE WILL ASSIGN A SPECIAL INVESTIGATOR TO GATHER ALL OF THE FACTS. ONCE THE INVESTIGATOR HAS FILED HIS REPORT, IT WILL BE CAREFULLY REVIEWED BY SENIOR POLICE OFFICIALS, INCLUDING THE CHIEF OF POLICE, AND A FINAL DISPOSITION WILL BE MADE.

A REPRESENTATIVE OF THE POLICE DEPARTMENT WILL NOTIFY YOU AS TO THE FINAL DISPOSITION OF YOUR COMPLAINT, USUALLY WITHIN A PERIOD OF THIRTY DAYHS FROM THE DATE SHOWN BELOW.

_____ DATE / TIME _____ SIGNATURE OF ACCEPTING DEPARTMENT MEMBER

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TO BE COMPLETED BY THE INVESTIGATING OFFICER

<u>DATE INVESTIGATION INITIATED:</u>	<u>DATE TERMINATED:</u>	<u>DATE OF FINAL REPORT:</u>
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INVESTIGATOR'S FINAL DETERMINATION:

SUBSTANTIATED

UNFOUNDED

INCONCLUSIVE

INVESTIGATOR'S COMMENTS: _____

(ALL PERTINENT INVESTIGATIVE DATA TO BE ATTACHED WITH REPORT)

TO BE COMPLETED BY THE CHIEF OF POLICE

DATE OF FINAL REVIEW: _____

SIGNATURE OF CHIEF OF POLICE: _____

CHIEF'S RECOMMENDATION / DISPOSITION:

SUBSTANTIATED

UNFOUNDED

INCONCLUSIVE

FINAL ACTION:

NONE TAKEN

COUNSELING

ORAL REPRIMAND (CHIEF'S)

WRITTEN REPRIMAND (CHIEF'S)

REFERRED TO MAYOR'S OFFICE FOR DISCIPLINARY HEARING

OTHER

COMMENTS ATTACHED:

YES

NO

COMPLAINANT NOTIFIED BY: _____

DATE/TIME: _____

ACCUSED NOTIFIED BY: _____

DATE/TIME: _____